

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031165

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4	1						54						
5		4					55						
6		4					56						
7		4					57						
8		4					58						
9		4					59						
10		4					60						
11		4					61						
12		4					62						
13		4					63						
14		4					64						
15		4					65						
16		4					66						
17		4					67						
18		4					68						
19		4					69						
20		4					70						
21		4					71						
22		4					72						
23		4					73						
24		4					74						
25							75						
26							76						
27							77						
28							78						
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31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	81						TOTAL DEP.						
TOTAL CLAIMS	84						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
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